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TITLE: Randomized Clinical Trial of Behavioral Adherence of HIV-Positive Men and Women

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ISSUE: Diverse populations of HIV-positive men and women often experience problems with sexual and drug risk reduction, psychological well being, and medical adherence. These problems are interrelated and simultaneously affect the individual's adherence to ~~stri~~ medical regimens. Strategies to address the prevention of adherence problems are needed to minimize the possible infection or reinfection of others, and the development of a resistant strain of the virus.

SETTING: Forty-eight (48) HIV-positive men and women were recruited from a large catchment area within Los Angeles and Ventura Counties, through referrals by the UCLA Center for AIDS Research and Education (CARE) Clinic. The 90minute intervention, which occurred in the participants' homes, was administered by a trained health educator blind to the pre, post-, and follow-up test results.

PROJECT: A randomized clinical trial tested two conditions: basic care, which involves standard clinical treatment, and any educational information offered by healthare providers; or, the Health Promotion (HP) Program, an eightweek psycho educational intervention, posttest, and follow-ups at 3 and 6 months.

RESULTS: Demographic characteristics or gender were not associated with adherence changes. Participants' positive attitudes about being HIV-positive changed at posttest (57% vs. 100%) ($p<.01$). Further, 89% reported fewer penetrative behaviors and included more ~~no~~ genital practices (i.e., cuddling, massage) with partners at posttest ($p<.01$).

LESSONS LEARNED: Disclosure of adherence issues and practices is a gradual process that requires trust-building techniques by facilitators. A research team identified as separate from the UCLA CARE Clinic allowed more disclosure from participants with regard to adherence problems. Ongoing contact needs to continue between facilitators and participants in order to: 1) consistently provide participants with updated information, and; 2) to decrease participants' isolation and depression. Oneon-one interventions are most effective when there is a large catchment area of HIV care.

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